

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

COMPUTER INPUT
☐ APPLICATION
☐ PERMIT
☐ CERTIFICATE
☐ OTHER

PROGRESS SHEET

☒ SURFACE WATER ☐ GROUND WATER

NAME ODE AND LULA SATTERFIELD				TELEPHONE NO. 866-1253	
ADDRESS 2025 SUMMIT LAKE SHORE ROAD NW		(CITY) OLYMPIA	(STATE) WASHINGTON	(ZIP CODE) 98502-9455	
ASSIGNED TO Ross + Julie Lampky			TELEPHONE NO.		DATE ASSIGNED 4-12-04
ADDRESS 415 6 th Ave		(CITY) Aberdeen WA	(STATE) WA	(ZIP CODE) 98520	
APPLICATION NO. 52-28676		PERMIT NO.		CERTIFICATION NO.	
DATE AMENDED		DATE CANCELLED		W.R.I.A. 14	

APPLICATION		
DATE APPLICATION RECEIVED 11/25/92	INITIAL \$10.00 FEE RECEIVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE FEE RECEIVED 11/25/92
STATEMENT OF ADDITIONAL EXAMINATION FEE \$	DATE SENT	DATE RECEIVED
DATE RETURNED FOR COMPLETION OR CORRECTION		DATE RECEIVED

TEMPORARY PERMIT	
APPROVED BY	DATE ISSUED

PUBLICATION		
APPROVED BY	DATE APPROVED	DATE NOTICE SENT 12/4/92
PROTESTED BY AND DATE		

DATE AFFIDAVIT RECEIVED 1/5/93	CHECKED BY SF	TIME EXPIRED 1/21/93	DATE AMENDED NOTICE SENT	DATE AFFIDAVIT RECEIVED	TIME EXPIRED
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DEPARTMENT OF GAME AND FISHERIES REPORT			
APPROVED DOF 12-17-92 recommends S. Lake	PROVISO excise groundwater	PROTEST DOF 1-27-93	Amn flows HPA screen

EXAMINATION			
DATE EXAMINATION MADE 10-28-92	MADE BY MP, SF	DATE REPORT OF EXAM. WRITTEN 3-19-93	WRITTEN BY MP
DATE PERMIT FEE REQUESTED 5/19/93	AMOUNT DUE \$5.00	DATE RECEIVED 6/2/93	

PERMIT			
PERMIT APPROVED BY SF	DATE APPROVED 6/3/93	PERMIT NO. P	DATE ISSUED 7/12/93 Amended 7/31/04

BEGINNING OF CONSTRUCTION		
DATE NOTICE SENT 7/12/93	DATE FILED	EXTENSION FEE
EXTENDED TO		EXTENDED TO

WELL DRILLER'S AND/OR CONSTRUCTION REPORT	
DATE SENT	DATE FILED

COMPLETION OF CONSTRUCTION		
DATE NOTICE SENT 2/25/00	DATE FILED	EXTENSION FEE 30.00 500 1000
EXTENDED TO 5/1/2001		EXTENDED TO 5/1/2007 04 ok 2008

PROOF OF APPROPRIATION			
DATE SENT	DATE FILED	EXTENSION FEE	EXTENDED TO 5-1-2008
DATE CERTIFICATE FEE REQUESTED	AMOUNT DUE	DATE RECEIVED	DATE APPROVED FOR CERTIFICATE
		APPROVED BY	

CERTIFICATION		
PROOF EXAM. REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	CERTIFICATE NUMBER	DATE ISSUED

REMARKS
